

NAME STAFF IN CHARGE				DIRECTOR			
HOURS OF OPERATION				PHONE NUMBER			
FEIN#				CAPACITY			
SERVICES	Infant	Toddler	2yrs-School Age	School Age	Transportation	Nontraditional Care	
TYPE I OR TYPE II							

TAG	INSPECTION ITEMS	COMPLIANCE	NON COMPLIANCE	NOT APPLICABLE
INITIAL INSPECTION ONLY				
238/270-272/286	Director Qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
233/316	Water Source Approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
319/321	Sewer Approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
231	Zoning Approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
NON-TRADITIONAL CARE ONLY				
	First Aid/Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1200	16 hour child care limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1202	Programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1205/1206	Staffing-Type I/Type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1203	Sleep Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
POSTED DOCUMENTATION				
409	CMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
419	Disaster Diagram	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
419	Disaster Plan	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
244	License	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
423-427	Menu	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
405	Parent/Child Rights	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
411	Services/Rates	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
/410	SOD/POC	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				

TAG	INSPECTION ITEMS	COMPLIANCE	NON COMPLIANCE	NOT APPLICABLE
POSTED DOCUMENTATION				
412	Staff to Child Ratios	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
WRITTEN DOCUMENTATION				
420	Child Abuse/Neglect Protocol	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
403/404	Chain of Command/Organizational Chart	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
415	Daily Attendance Records	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
417	Disaster Drill Records (Quarterly)	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
284	Falsification of Records	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
285	Family Activity (one per year)	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
414	Field Trip Permission	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
418	Fire Drill (Monthly)	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
232	Fire Marshal (Written documentation)	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
315	Fire Marshal (Compliance)	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
402	Job Description	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
235	Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Company Name		Policy Number		
Effective Dates		Dollar Amount		
ADDITIONAL COMMENTS				
1015-1017	Medical Protocol for Sick Children	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
302-308	Notification of Changes to DRCC	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
421	Orientation Training Policy	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				

TAG	INSPECTION ITEMS	COMPLIANCE	NON COMPLIANCE	NOT APPLICABLE
275	Personnel Policies	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
	Permission to Administer Medication	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
406-408	Policies and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
279	Staff Evaluations	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
416	Staff Hours	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
278	Staff Meetings	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
265	State Regulations for Staff	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
231	Zoning (Written Documentation)	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
314	Zoning (Compliance)	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
GENERAL FACILITY				
808	Building Suitability	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
809	Building Clean and In Good Repair	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
811	Fire/Emergency Exits Unblocked	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
810	Land-Line Telephone	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
311-313	Smoking Protocol	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
BUILDING CONSTRUCTION				
812	Dry	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
813	Heated	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
814	Ventilated	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
815	Well-Lit	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
815	Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				

TAG	INSPECTION ITEMS	COMPLIANCE	NON COMPLIANCE	NOT APPLICABLE
816	Building in Good Repair	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
817	Shatter proof bulbs	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
Protected Items				
818	Windows	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
819	Doors	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
820	Stove	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
821	Heaters	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
822	Furnaces	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
823	Pipes	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
824	Stairs	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
825	Space per Child (35 sq.ft.)	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
GENERAL FACILITY				
826	Pest Control	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
827	Openings protected from vermin	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
828	Floors/Ceilings/Walls-Good Repair	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
829-832	Water Supply Appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
700	Bathroom (1 Toilet and Basin per 20 children/1 urinal)	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
KITCHEN				
601	Clean	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
602	Equipped properly for storage/prep/service	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
603	Ventilated	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
604	No children's activities	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				

TAG	INSPECTION ITEMS	COMPLIANCE	NON COMPLIANCE	NOT APPLICABLE
605	Food service permit	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1507	Sanitary serving utensils	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
606	Refrigerator thermometer-45 or below	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
607	Freezer Thermometer/ Temp. O*	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
609/612-616	Surfaces in good repair/non-toxic	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
610	Eating/drinking utensils clean/good repair	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
611	Kitchenware clean/good repair	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1521-1524	Food safe for consumption	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1525-1526	Meals safe for consumption	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1528	Food protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
OUTDOOR PLAY AREA				
1924	Climber/Large Equipment secured to ground	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1925	Crawl Spaces accessible by Adults	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1914	Fall Zone	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1900	Fenced Play Area	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1921-1923	Fence Safe/Adequate	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1929	Infant/Toddler Separate	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1928	Infant/Toddler Area Shaded	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1927	No wading pools/unfiltered bodies of water	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1901	Outdoor space sufficient (60sq.ft.)	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				

TAG	INSPECTION ITEMS	COMPLIANCE	NON COMPLIANCE	NOT APPLICABLE
Playground				
1902	Litter	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1903	Glass	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1904	Rubbish	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1905	Flammable Materials	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1906	Foreseeable Hazards	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1907	Well Drained	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1908	Well Maintained	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1909	In Good Repair	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1910	Playground Visible to Staff	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1911-1913	Protective Surface	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1926	Sand boxes maintained	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
915	Equipment clean/safe/good repair	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
916	Equipment meets physical needs	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
917	Equipment free from hazards/sharp points	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
918	Equipment designed to guard against entrapment/ strangulation	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1917	Gross Motor Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1915	Indoor area, if no outdoor area	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
913	Equipment clean/safe/good repair	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1920	Protective Surface-2 inch thick mat	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				

TAG	INSPECTION ITEMS	COMPLIANCE	NON COMPLIANCE	NOT APPLICABLE
1918	Space Ventilated	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1919	Space heated	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1916	Sufficient Space (60 sq.ft.)	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1920	2 inch thick surface around equipment	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
<input type="checkbox"/> Yes Transportation <input type="checkbox"/> No				
Written Documentation		<input type="checkbox"/>	<input type="checkbox"/>	
1104/1106	Written plan-Type/Staff schedule/ Transportation schedule/routes	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1105/1110	Policies & Procedures/Emergency Procedures(monthly)	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1107	Vehicle used	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1108	Staff duties	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1109	Insurance (full coverage)	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1120	Certification from Transportation Cabinet	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1111	Third party agreement	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1112-1114	Safety procedures-transporting loading-unloading supervision	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
Vehicle equipped with:				
1115	Fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1116	First aid kit	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1117	Reflective triangles	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1118	Seat belt cutter	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1122	Seat belts	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1124	Safety seats	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				

TAG	INSPECTION ITEMS	COMPLIANCE	NON COMPLIANCE	NOT APPLICABLE
1121	Signal lamp/colors/words	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
Daily Inspection List				
1125	Tire	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1126	Lights/signals/mirrors/gauges/wipers	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1127	Safety restraints	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1128	Fuel	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1129	Free of debris	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
General Transportation				
1137	Prearranged alternate plan	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1144	Records include child's first/last name, time on & off, completed by staff other than driver	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1148	Background check last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1149	Driver cannot have caused an accident resulting in death	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1131	Ratio-1:4 if under 5 years old for Driver	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1132-1134	Child seated/individually belted	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1135	Site of aftercare	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1136	Child not left unattended on vehicle	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1139	Headlamps on during transportation	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1140	Shall not refuel with children in vehicle	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1141-1143	Driver's absence-engine off, key removed, emergency brake set	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1150	No guns/ammunition/alcohol/illegal substances on transportation	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				

CLASSROOM INFORMATION			
Classroom Name		Teacher	
Number of Children		Name of Staff in Room	
Age of Children		Name of Staff in Room	
Age of Youngest Child		Name of Staff in Room	
TIME IN ROOM		TIME OUT OF ROOM	

TAG	INSPECTION	COMPLIANCE	NON COMPLIANCE	NOT APPLICABLE
Posted Documentation				
413/277	Daily Schedule	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
422	Lesson Plan	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
428	Diapering/Handwashing Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
Classroom Management				
1302-1304	Group Size	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
279	Staff/Child Ratio (Clean and Cook)	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
289/1301	Staff to Child Ratio	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1306	Supervision	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1421	Regular Routines	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1423-1425	No prolonged wait time	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1427-1429	Discipline (inappropriate)	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1431	Activity area/equipment / materials arranged for visibility	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1307	Supply storage/Supervision	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1512	Schedule (doesn't exceed 3 hours between meal and snack)	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
CLASSROOM PHYSICAL PLANT				
Hazardous Material		COMPLIANCE	NON COMPLIANCE	NOT APPLICABLE
800	Toxic Cleaning Supplies/Poisons/Insecticides	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
801	Knives/Sharp Objects	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				

TAG	INSPECTION	COMPLIANCE	NON COMPLIANCE	NOT APPLICABLE
802	Matches/Cigarettes/Lighters/Flammable liquids	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
803	Plastic bags	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
804	Litter/Rubbish	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
805	Bar Soap	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
806	Personal belongings of stuff	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
General Physical Plant				
817	Shielded/Shatter proof bulbs	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
825	Adequate Space	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
828	Floors/walls/ceilings in good repair-cleanable	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
834	Temperature-winter 65-75	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
835	Temperature-summer 68-82	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
Equipment				
900	Materials/ sufficient quantity	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
900	Developmentally age appropriate materials	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
901	Low open shelves	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
902	Individual storage	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
913/915	Clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
914	Peeling/flaking	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
916	Meets physical & developmental needs and interest of children	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
917	Free from hazards/sharp points	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
918	Designed to guard against entrapment/strangulation	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				

TAG	INSPECTION	COMPLIANCE	NON COMPLIANCE	NOT APPLICABLE
919	Toys used according to specification	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
922	Table/chairs child sized	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
923	Seating for staff	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
Sleeping/Nap Equipment				
903/911	Crib/bed/mat available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
904-905	Crib mattress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
906	Sheets/Covers provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
907-908	Sheets/Covers laundered/stored in sanitary manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
909	Cots/other equipment/furnishings- 12 in. apart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
910	Tiered cribs not allowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
Programming				
1400-1401	Developmentally appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1402	Art	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1403	Music	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1404	Dramatic Play	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1405	Stories and books	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1406	Science	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1407	Block Building	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1408	Tactile	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1409	Culture	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1410	Indoor or outdoor gross motor	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1411	Active and quiet play	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				

TAG	INSPECTION ITEMS	COMPLIANCE	NON COMPLIANCE	NOT APPLICABLE
1412	Free Choice	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1413	Individual Play	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1414	Self-help procedures	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1420	Sep. space for school age(Typel)	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1433	Reasonable rest period	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1434	Safe sleep placement	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1435/1438	Infant toddler separate	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1436	Infant/Toddler area no exit/entrance	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1437	Adequate crawling space/traffic patterns	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
Bathroom/Toileting				
702	Supply of toilet paper	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
703	Clean/sanitized	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
704	Sink in/immediately adjacent	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
705	Hot/cold running water	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
706	Hot water temp-110*	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
707	Liquid soap/paper towels	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
708	Covered waste receptacle	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
Toilet				
710	Clean	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
711	Good repair	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
712	Lighted room	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
713	Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				

TAG	INSPECTION ITEMS	COMPLIANCE	NON COMPLIANCE	NOT APPLICABLE
Diapering				
1613	Disposable Cloths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1615	Gloves changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1604	Covered container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1606	Children not left unattended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
Diapering Surface				
1607	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1608	Padded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1609	Free of tears/damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1610	Nonabsorbent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1611	Easily cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1612	Free of non-diapering items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
Hygenic Pratices				
1700	Child helped /personal care/cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1701-1707	Child hand wash	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1708-1709	Staff cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1710-1718	Staff handwash	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1722/1724	Children's personal items separate/labeled	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1723	Toothbrush labeled	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1724	Toothbrush air dried	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1725	Toothbrush protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1726	Toothpaste procedure	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1727	Infant/toddler toys sanitizing procedure	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				

TAG	INSPECTION ITEMS	COMPLIANCE	NON COMPLIANCE	NOT APPLICABLE
Food Service				
1500	Snack for school-ager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1501	Child held for bottle feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1502	Bottles not propped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1503	No bottles with sleeping infants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1504	Bottles not heated in microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1505	Seat with sufficient room	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1506	Individual/appropriate utensils	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1507	Sanitary serving utensils	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
606	Refrigerator thermometer/temp 45 or below	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
607	Freezer thermometer/temp 0	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1509	Bottles labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1510	Bottles refrigerated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1511	Bottles covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS				
1518-1520	Meal meets requirements	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1521-1523	Food safe for consumption	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1527	Appropriate quantity served	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1528	Food protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1533	Drinking water freely available	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
Medication				
1018-1019	Permission to administer	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1020	Administration according to label	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				

TAG	INSPECTION ITEMS	COMPLIANCE	NON COMPLIANCE	NOT APPLICABLE
1021	Written record of administration	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1022	Locked meds	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1023-1025	Original bottle/label/med not expired	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
266	Medical info confidential	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
<input type="checkbox"/> Yes Animals <input type="checkbox"/> No				
1800	Animals supervised	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1801	Animal must have the proper vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1802	Written notification to parent if child is bitten or scratched	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				
1803	No undomesticated, exotic or wild	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS				

VOLUNTEER RECORDS

#	Volunteer Name	Age	CAN Check 296 509	Criminal Background Check 295 508	Out of State Background 510
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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[illegible]

EMPLOYEE RECORDS

[illegible]